

**WAIVER AND RELEASE OF LIABILITY FORM FOR BRITTANY HARRY VOLLEYBALL CAMPS/SALUKI  
VOLLEYBALL CAMPS**

I, \_\_\_\_\_ (please print participants full name) will be a participant in the Brittany Harry Volleyball Camps/Saluki Volleyball Camps conducted by Coach Brittany Harry of Southern Illinois University Carbondale. I hereby assert that I am physically cleared to participate in the sport of volleyball and any and all underlying medical problems or recent injuries will be reported to camp administrators before camp begins.

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Brittany Harry Volleyball Camps/Saluki Volleyball Camps, individually and employees including certified athletic trainers, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

In consideration of my participation in and the use of the Brittany Harry Volleyball Camps/Saluki Volleyball Camps premises or facilities, I hereby release and covenant not to sue the owner of the premises (Southern Illinois University Carbondale), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Brittany Harry Volleyball Camps/Saluki Volleyball Camps.

There will be a Certified Athletic Trainer on-site to render immediate aid in the event of an injury or medical emergency.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

**Parents or guardians must sign if applicant is UNDER 18.**

Parent or Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Participant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Participant Signature (if 18 years or older):

Date:

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